Presumptive Eligibility and Provider Gateways break-out group discussion questions

- 1. Given the time periods for conducting eligibility determinations under ACA (promptly and without undue delay), the eligibility simplifications, other coverage options—Exchange and potentially a Basic Health Program—what role do you envision Presumptive Eligibility (PE) having in this new context of health care coverage?
- 2. To what extent should the PE application serve as precursor to a full application for health care coverage under Medi-Cal? What data elements should/should not be included on the application?
- 3. Should PE be allowed for all populations or selected populations as we do now (i.e. kids, pregnancy, newborns specific conditions)? What limitations or criteria should be applied?